

AUTOMATED CLEARING HOUSE (ACH) VENDOR/MISCELLANEOUS
PAYMENT ENROLLMENT FORM

STA # 335

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This form is used for ACH payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT		
The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments thru the ACH Payment System.		
FEDERAL PROGRAM AGENCY DEPT OF VETERANS AFFAIRS-FINANCIAL SERVICES CENTER		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC)	ACH FORMAT:
111036183	36001200	<input type="checkbox"/> CCD+ <input type="text"/> CTX
PO BOX 149971		
AUSTIN, TX 78714-8971		
CONTACT PERSON NAME VENDORIZING UNIT		TELEPHONE NUMBER (512) 460-5049
ADDITIONAL INFORMATION FAX BACK TO 512-460-5221		PAYMENT INQUIRIES 1-877-353-9791

QUESTIONS: VISIT – <http://www.fms.treas.gov/vendor.html>

INDIVIDUAL OR COMPANY INFORMATION	
NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CITY, STATE, ZIP	
CONTACT PERSON NAME:	TELEPHONE NUMBER/E MAIL ADDRESS ()

FINANCIAL INSTITUTION INFORMATION	
NAME	
ADDRESS	
CITY, STATE, ZIP	
ACH COORDINATOR NAME:	TELEPHONE NUMBER ()
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
SIGNATURE OF AUTHORIZED OFFICIAL OR ANYONE WHO CAN VERIFY FINANCIAL INSTITUTION DATA	TELEPHONE NUMBER ()

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